



COMPLAINT RECORD

Instructions: You must record complaints received pertaining to the organic/transitional integrity of your products. **DO NOT** return this form with your application.

INITIATOR OF COMPLAINT:	DATE:
ADDRESS:	PHONE #:
CITY, STATE, ZIP:	
NATURE OF COMPLAINT:	
ACTIONS TAKEN:	DATE:

INITIATOR OF COMPLAINT:	DATE:
ADDRESS:	PHONE #:
CITY, STATE, ZIP:	
NATURE OF COMPLAINT:	
ACTIONS TAKEN:	DATE:

Make copies of this form as necessary. Please have a complaint file available at the time of inspection.